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PAPERS:

Helen E Harris, Mary E Ramsay, Nick Andrews, and Keith P Eldridge

Clinical course of hepatitis C virus during the first decade of infection: cohort study

BMJ 2002; 324: 450 [\[Abstract\]](#) [\[Full text\]](#)

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Claus Dr. Koehnlein (7 March 2002)

Hepatitis C-the epidemic that never was?

7 March 2002



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[Email](#) Claus Dr. Koehnlein

The observation of Harris et al.(BMJ2002;324:450,23 Febr.)are well in line with those made by Thomas et al.(JAMA,July 26,2000-Vol284,No4) and Seef et al.(Ann Int.Med.2000;123:105-111).

They all found low liver related morbidity and mortality rates, except in people who drink excessive alcohol. We dont need a virus to explain this.

Going back to the roots of Hepatitis C we find in The Lancet,Saturday 4 March 1978,Alter et al,that there was no transmissible agent found. Instead blood from a patient with non-A,non-B Hepatitis was inoculated into five chimps. Three of the animals developed a transient elevation of aminotransferases around week 15. A control animal was kept in a seperate room. The possibility of immunreactions against foreign blood was not ruled out. The control should have had five chimps inoculated with blood of a healthy donor.

At one of the last Hepatitis C meetings in Paris M.Houghthon one of the codiscoverers of the sequences we call now Hepatitis C virus asked into the audience: who has ever seen the hepatitis C-virus? Answer: nobody did.

My question : how do we know that a high viral load which we are measuring with PCR is indeed infectious virus?

There is no paper showing a correlation with free infectious virus particles(visible with Electronmicroskopy)and a high "viral load".

Are we facing a PCR-Artifact? I am afraid we do.

According to George Venters who published recently in your journal(BMJ,Vol323,13 oct,2001)I would like to make the following points:

- 1.The causal link between the HCV and livercirrhosis is open to question.
- 2.The rate of growth in the number of cases is very much less than would be expected from an infectious disease. In fact there is no growth rate at all in the numbers of livercirrhosis.
- 3.There is just an epidemic of a new Antibody test-the HCV-Test.

In view of this observations of the above named authors which corresponds to my own and many of my colleagues it seems problematic to treat healthy HCV-Pos.patients on the basis of a high "viral load" with interferon and ribavirin.

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